**ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO**

**MINUTES OF THE 410th MEETING OF COUNCIL**

**Thursday, June 16, 2016**
**DoubleTree by Hilton Toronto Hotel, 108 Chestnut Street, Toronto**

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The 410th Meeting of the Council of the Royal College of Dental Surgeons of Ontario was held on Thursday, June 16, 2016.

**ATTENDANCE:**
Mr. Derry Millar, Chair

Council Members:

*Elected Representatives:*

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| Dr. Elizabeth MacSween | District 1 |
| Dr. Benjamin Lin | District 2 |
| Dr. Lawrence Davidge | District 5 |
| Dr. Joseph Stasko | District 6 |
| Dr. Cam Witmer | District 7 |
| Dr. Ronald Yarascavitch, President | District 8 |
| Dr. Flavio Turchet | District 10 |
| Dr. Robert Carroll | District 11 |
| Dr. David Segal | District 12 |

*University Representatives:*
Dr. Harinder Sandhu, University of Western Ontario
Dr. David Mock, University of Toronto

*Lieutenant-Governor-in-Council Representatives:*
Mr. Ted Callaghan
Ms. Susan Davis
Mr. Gregory Larsen
Mr. Manohar Kanagamany
Ms. Catherine Kerr
Ms. Marianne Park

Ms. Elizabeth Wilfert
Mr. Derek Walter

*Regrets:*

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| Ms. Beth Deazeley | Public appointee |
| Dr. Richard Hunter | District 9 |
| Dr. Lisa Kelly | District 3 |
| Dr. Randy Lang | District 4 |

*Legal Counsel:*
Mr. Alan Bromstein

*Royal College of Dental Surgeons of Ontario Staff:*
Ms. Anne Marie Ainsco, Reports Administrator, Professional Conduct and Regulatory Affairs
Mr. Morgan Bailey, Communications Officer
Ms. René Brewer, Director, Professional Liability Program
Mr. Joe Donahue, Director, Human Resources
Ms. Krysal Evans, Assistant Manager, Committee Support and Enforcement, Professional Conduct and Regulatory Affairs
Mr. Irwin Fefergrad, Registrar
Ms. Lorissa Ferkranus, Administrative Assistant, Professional Conduct and Regulatory Affairs
Dr. Michael Gardner, Manager, Quality Assurance
Ms. Sonia Gregoris, Professional Liability Advisor, Professional Liability Program
Dr. David Harper, Supervising Facility Inspector, Professional Conduct and Regulatory Affairs
Dr. Judi Heggie, Senior Dental Consultant, Quality Assurance
Ms. Szilvia Huczka, Administrative Assistant, Intake, Professional Conduct and Regulatory Affairs
Ms. Grace Kim, Administrative Assistant, Professional Liability Program
Mr. Robert Lees, Manager, Registration
Ms. Lori Long, Manager, Professional Conduct and Regulatory Affairs
Ms. Peggi Mace, Director of Communications
Mr. Greg Moors, Director, Finance, Property and Administration

Dr. Sangeeta Patodia, Senior Dental Consultant, Sedation and CT, Professional Conduct and Regulatory Affairs
Ms. Olga Papolis, Executive Assistant
Mr. Ram Rajanayagam, Manager, IT
Ms. Angie Sherban, Executive Assistant
Ms. Dayna Simon, Senior Counsel, Regulatory Affairs
Dr. Chris Swayze, Manager, Reports, Professional Conduct and Regulatory Affairs
Ms. Brenda Waddington, General Manager, Operations & Facilities
Ms. Julie Wilkin, Assistant Manager, Registration

**1. CALL TO ORDER**

The Chair called the meeting to order at 8:00 a.m.

**2. ADOPTION OF AGENDA**

The agenda was adopted, as circulated.

**MOTION:**

**THAT the agenda for the 410th Meeting of Council be adopted, as circulated.**

**CARRIED**
*(Unanimously)*

**3. ROLL CALL**

Mr. Fefergrad conducted the roll call. 19 Council members were in attendance and a quorum was declared.

**4. REMARKS/CHAIR**

Mr. Millar welcomed members of Council, staff, guests and observers to the meeting.

**5. REMARKS/PRESIDENT**

Dr. Yarascavitch reported on the involvement of the College in dealing with opioid use. He remarked that over the last decade the amount of opioid dosages dispensed in Canada has tripled. The Ontario government recognizes this abuse and misuse of prescription narcotics and other controlled medications as a serious health problem and a safety issue.

Dr. Yarascavitch advised that after much collaboration with other health regulators and stakeholders, Council approved practice guidelines for the dental profession about the role of opioids in the management of acute and chronic pain in dental practice. These guidelines are the first for the profession in North America and have been recognized by federal and provincial governments. Dr. Yarascavitch added that the College has also included many articles on pain management in *Dispatch* and a free on-line service is available to all Ontario dentists.

Dr. Yarascavitch expressed his gratitude to Council members for their leadership and urged all dentists to use the materials available to them in order to have a safer environment for patients.

**6. REMARKS/REGISTRAR**

Mr. Fefergrad delayed his remarks until after the Deputy Minister, Dr. Bob Bell, addressed Council.

Following Dr. Bell's remarks, Mr. Fefergrad followed up on Dr. Bell's comments about modernization. He reminded Council of its proactive approach to taking steps relating to transparency, but also suggested to Council that the regulatory process needs to be made more efficient. He highlighted some suggested amendments to legislation that would make the ICR Committee more efficient.

He thanked Council for continuing to be a proactive College and indicated that he looked forward to seeing effective amendments made to the legislation in the near future.

## 7. COMMITTEE REPORTS

(a) Discipline Committee

Mr. Fefergrad presented the report on behalf of the Discipline Committee, as the Chair, Dr. Richard Hunter, was absent from the meeting. There were no recommendations to make from the committee.

Mr. Fefergrad acknowledged the members of the committee. He advised Council that Dr. Edelgard Mahant's term on Council expired on May 29, 2016 and thanked her for her contributions.

(b) Inquiries, Complaints and Reports (ICR) Committee

Dr. Joseph Stasko, Chair of the ICR Committee, presented the report. There were no recommendations to make from the ICR Committee.

Dr. Stasko reported that the ICR Committee held a total of 19 meetings since the last Council meeting. He thanked committee members and staff for all their efforts.

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The Committee reporting was interrupted by an address by Dr. Bob Bell, Deputy Minister of the Ministry of Health and Long-Term Care. Dr. Yarascavitch introduced Dr. Bell – a transcript of Dr. Bell's speech is attached to the minutes.

Dr. Bell was thanked for his address to Council and Mr. Fefergrad presented him with a College lapel pin.

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## COMMITTEE REPORTS (CONTINUED)

(c) Executive Committee

Dr. Ron Yarascavitch, Chair of the Executive Committee, presented the report and moved the recommendations on behalf of the Committee. He thanked committee members for their work.

1. Ontario Society of Oral and Maxillofacial Surgeons (OSOMS)

(As oral and maxillofacial surgeons, Dr. Benjamin Lin and Dr. David Segal declared conflicts and did not participate in the discussion on this item.)

Dr. Yarascavitch reported that the Registrar and Manager of Quality Assurance met with the executive members of the Ontario Society of Oral and Maxillofacial Surgeons (OSOMS) to discuss preparing a formal submission to the Ministry of Health and Long-Term Care to authorize oral and maxillofacial surgeons to order the application of electromagnetism for magnetic resonance imaging (MRI) within the scope of practice of dentistry. Oral and maxillofacial surgeons would only be permitted to order the MRIs. It was felt that this would expedite timely and effective diagnosis and treatment, particularly in rural areas, and it would eliminate unnecessary costs to Ontario's health system.

Ontario and Newfoundland & Labrador are the only provinces in Canada where oral and maxillofacial surgeons are not authorized to order MRIs, regardless of the practice venue. The Executive Committee unanimously supports the request of OSOMS provided the College is satisfied with the letter of submission to the Ministry of Health and Long-Term Care.

**MOTION #1:**

**THAT Council supports, in principle, authorizing oral and maxillofacial surgeons to order Magnetic Resonance Imaging (MRIs) as requested in the Ontario Society of Oral and Maxillofacial Surgeons (OSOMS) submission dated February 26, 2016;**

**AND FURTHER THAT the Ministry of Health and Long-Term Care consider amendments to the Regulations under the *Regulated Health Professions Act, 1991* to permit members of the College who hold a specialty certificate in oral and maxillofacial surgery to order MRIs.**

**CARRIED**
*(Abstention: 2)*

A copy of a letter dated May 27, 2016 that OSOMS proposed sending to the Ministry of Health and Long-Term Care was provided to Council for review and a draft letter of support was provided for Council's approval.

**MOTION #2:**

**THAT Council approves forwarding the letter to the Minister of Health and Long-Term Care in support of the Ontario Society of Oral and Maxillofacial Surgeons' submission that oral and maxillofacial surgeons be permitted to order MRIs, as attached at APPENDIX C of the Executive Committee Report to Council.**

**CARRIED**
*(Abstention: 2)*

A Council member asked whether an oral and maxillofacial surgeon in a hospital model can order an MRI in an emergency situation. It was confirmed that currently a medical doctor has to order it, but if the OSOMS proposal is accepted by the Ministry, oral surgeons would be able to order MRIs directly.

There was discussion on cost, as well as the College looking at ways to include other dental specialties to order MRIs directly. Mr. Fefergrad undertook to discuss this suggestion further at a future meeting with the Executive Committee.

2. Western University Donor Agreement

Dr. Yarascavitch reported that one of the university scholarships that the College donates to is the Scholarship in Basic Health Sciences at Western University. In the past, the donation has been $350.00 per year.

The College recently received the Donor Agreement from Western University and was advised of a new policy that has been implemented to increase the minimum amounts in academic awards to $500.00. It was noted that the College has not increased the amount of this award in over 15 years and the Executive Committee recommended that Council consider approving this increase.

**MOTION #3:**

**THAT Council approves an increase in the funding provided to Western University for the award provided in the RCDSO's name from $350.00 to $500.00.**

**CARRIED**
*(Abstention: 1)*

Mr. Fefergrad undertook to provide Council with a list of donations and benefits that the two Ontario universities receive from the College.

3. Federation of European Dental Competent Authorities and Regulators (FEDCAR)

The Federation of European Dental Competent Authorities and Regulators (FEDCAR) meet annually. This fall, FEDCAR will be meeting in Paris on November 25, 2016. Dr. Yarascavitch emphasized the importance of having representation at the meeting, particularly as the Comprehensive Economic and Trade Agreement (CETA) and Mutual Recognition Agreements (MRAs) will be discussed.

The Executive Committee recommended that the Registrar, the President and one other representative of the College attend the FEDCAR meeting in Paris on November 25, 2016. The estimated cost will be up to $10,000 per attendee.

**MOTION #4:**

**THAT Council approves sending three representatives of the College to the Federation of European Dental Competent Authorities and Regulators (FEDCAR) meeting in Paris, France on Friday, November 25, 2016 to include the President, the Registrar and one other representative of the College, to be selected by the Executive Committee, at a cost not to exceed $10,000 per attendee.**

**CARRIED**
*(Unanimously)*

There was discussion on the cost of sending representatives to Europe for this meeting, but Council understood the importance of having representation given the implications that the CETA and Trans-Pacific Partnership Agreements will have on dentistry in Canada. The delegates from the College will be able to vote at the meeting and will not be attending as observers.

FOR INFORMATION

Dr. Yarascavitch reviewed the material provided for information to Council. A Council member congratulated Mr. Fefergrad and staff on the letter sent to the Ministry of Health and Long-Term Care regarding Best Practices to Enhance Transparency of Health Regulatory Colleges.

(d) Audit Committee

Dr. David Segal, Chair of the Audit Committee, presented the report. On behalf of the Audit Committee, he moved two recommendations.

**MOTION #1:**

**THAT Council approves the RCDSO audited financial statements for the year ended December 31, 2015 as presented;**

**AND THAT the President be asked to sign an official copy on behalf of Council.**

**CARRIED**
*(Unanimously)*

**MOTION #2:**

**THAT Council approves the RCDSO pension fund audited financial statements for the year ended December 31, 2015 as presented;**

**AND THAT the President be asked to sign an official copy on behalf of Council.**

**CARRIED**
*(Unanimously)*

Dr. Segal reported that the Audit Committee reviewed the performance of the auditors and the audit fee. Both the Committee and staff were satisfied with the relationship with the auditor and aware that the fees the College pays for the audit are reasonable. The auditors requested an adjustment in their fees to 3% to offset inflationary impact and the Audit Committee made the following recommendation:

**MOTION #3:**

**THAT Council approves the appointment of Deloitte and Touche, LLP to conduct the RCDSO audit and the RCDSO pension fund audit for the year 2016 at a fee of $40,800.**

**CARRIED**
*(Unanimously)*

(e) Elections Committee

Mr. Ted Callaghan, Chair of the Elections Committee, presented the report on behalf of the Elections Committee. He thanked the members of the Committee and support staff.

1. Election/Selection Eligibility Forms

Mr. Callaghan reminded Council that at its March 2016 meeting, amendments to the College's election by-laws were approved to add a new eligibility requirement for election/selection to Council, namely that the member does not currently have a notation on the public Register with respect to a Caution or Specified Continuing Education or Remediation Program (SCERP) based on the decision of the Inquiries, Complaints and Reports Committee. As a result of that change, amendments were required to the Election Self-Nomination & Eligibility Form and the University Selection & Eligibility Form.

At its May 19, 2016 meeting, the Elections Committee reviewed the amendments to the forms and recommended them to Council for approval.

**MOTION #1:**

**THAT Council approves the election self-nomination and eligibility form as set out in APPENDIX A of the Elections Committee Report to Council;**

**AND THAT Council approves the university selection and eligibility form as set out in APPENDIX B of the Elections Committee Report to Council.**

**CARRIED**
*(Unanimously)*

Mr. Callaghan brought to Council's attention a minor amendment on the Declaration for Candidates Seeking Election or Selection to Council of the College at Appendix C of the report. The date under footnote #14 should read: November 14, 2015. Council was in agreement with the change.

He added that at the June 2014 meeting, Council passed a motion that those seeking election or selection as a member of Council should sign a Declaration acknowledging the general duties, expectations and governance policies for Council members. Since the 2014 election cycle Council has approved some additional policies and the Declaration has been adjusted accordingly.

**MOTION #2:**

**THAT Council approves the declaration for candidates seeking election or selection to Council of the College as set out in APPENDIX C of the Elections Committee Report to Council, as amended.**

**CARRIED**
*(Unanimously)*

FOR INFORMATION

Mr. Callaghan referred to the amended guides that will accompany the Election/Selection Eligibility forms. He also reported on the electronic voting that will take place for the first time at the College for the December 2016 election.

(f) Patient Relations Committee

Ms. Catherine Kerr, Chair of the Patient Relations Committee, presented the report. There were no recommendations to make on behalf of the Committee.

Ms. Kerr reported on the ongoing work of the Committee to increase transparency of its processes and to obtain consumer and community perspectives on the work of the College. To that end, members of the Community Consultation Group (CCG) have been invited to attend the Patient Relations Committee meeting as observers on November 3, 2016. The CCG is an advisory group of community members that provides advice from the consumer and community perspective to the College.

The College has produced two new videos available on its YouTube channel. One is on patient boundaries and supports the recently revised Practice Advisory on the Prevention of Sexual Abuse and Boundary Violations. The second video highlights how provincial privacy legislation is not a barrier for dentists to share information when child abuse is suspected.

Ms. Kerr also reported on the many articles published in *Dispatch* on the Committee's mandate.

In addition, it was reported that the Sexual Abuse Program section of the College's website has also been enhanced to support individuals who have questions about reporting sexual misconduct by dentists. The "Duty to Report" section of the website now includes a link to the College's YouTube video entitled, "Privacy is Not a Barrier – Sharing Information with Children's Aid Societies".

In closing, Ms. Kerr thanked Council for its ongoing support to move forward with fulfilling the Committee's mandate.

(g) Professional Liability Program Committee

Ms. Elizabeth Wilfert, Chair of the Professional Liability Program Committee, presented the report. There were no recommendations made on behalf of the Committee. As a new member and chair of the Committee, she thanked the other committee members and staff for their support.

Ms. Wilfert referenced the Professional Liability Program Committee report provided. There were no questions for Ms. Wilfert.

(h) Quality Assurance Committee

Dr. David Mock, Chair of the Quality Assurance Committee, presented the report. There were no recommendations made on behalf of the Committee.

Dr. Mock thanked the Committee members for their ongoing efforts. He reported that the Committee continues to review Core 1 or applications for Core 1 courses and referred to the list of courses in the Committee's report. He added that the Committee continues to review progress reports on the Practice Enhancement Tool (PET) and on members that are randomly selected to have their e-portfolios reviewed.

Dr. Mock also reported on the policy statement from the College of Physicians and Surgeons of Ontario on prescribing drugs, the report from the Narcotics Monitoring System (NMS) regarding Ontario dentists' opioid prescribing practices, and an enquiry regarding dentists prescribing medical marijuana. There were no questions for Dr. Mock.

(i) Registration Committee

Dr. Flavio Turchet presented the report on behalf of the Registration Committee. There were no recommendations to make on behalf of the Committee.

He thanked the Committee members, support staff and general legal counsel for their assistance.

Dr. Turchet reported on the National Dental Examining Board of Canada (NDEB) Assessment of Clinical Skills that he and Mr. Greg Larsen attended as observers on June 4 and 5, 2016. He also reported that Mr. Derek Walter had attended the Royal College of Dentists of Canada (RCDC) National Dental Specialty Examination (NDSE) as an observer on June 3-6, 2016.

There were no questions for Dr. Turchet.

**(8) ADOPTION OF MINUTES**

Minutes of the 409th Meeting of RCDSO Council, March 10, 2016

There were no amendments made to the minutes of the 409th meeting of RCDSO Council dated March 10, 2016 that were circulated.

**MOTION #1:**

**THAT Council adopts the minutes of the 409th meeting of Council, as circulated.**

**CARRIED**
*(Unanimously)*

**(9) *IN-CAMERA* BUSINESS**

Observers were asked to leave the meeting. Mr. Fefergrad stated that staff could remain in the meeting for the first part of the *in-camera* discussion, but would be asked to leave for the second part.

**MOTION #1:**

**THAT the public be excluded from the meeting pursuant to clause 7.2(b) of the Health Professions Procedural Code of the *Regulated Health Professions Act,* 1991, in that financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that the meetings be open to the public.**

**CARRIED**
*(Unanimously)*

**(10) GOOD AND WELFARE**

Following the *in-camera* discussion, Council members were invited to offer comments on the meeting.

**(11) NEXT MEETING**

The next regular meeting will be held on Thursday, November 17, 2016.

**(12) ADJOURNMENT**

There being no further business, the meeting was adjourned at 12:15 p.m.

**SIGNED:** _____

Signature of Presiding Officer

_____

Signature of Recording Officer

_____

Date

AMS:680405

**TRANSCRIPT OF SPEECH BY DR. BOB BELL, DEPUTY MINISTER, MINISTRY OF HEALTH AND LONG-TERM CARE TO RCDSO COUNCIL, JUNE 16, 2016**

DR. YARASCAVITCH: Good morning and welcome, Dr. Bell. I will give a brief resume of Dr. Bell. It is indeed an honour this morning to welcome Dr. Bell to our Council. Dr. Bell is the Deputy Minister of Health and Long Term Care. Dr. Bell was appointed two years ago and took on this role for the largest ministry in the Ontario Government. To give some idea of the scope of this responsibility the Ministry's annual budget for this year topped $50 billion. Dr. Bell is an internationally recognized orthopedic surgeon with a specialized practice in oncology and a successful career in cancer research and education. He received his doctorate of medicine from McGill and Master of Science from Toronto and has completed a fellowship in orthopedic oncology at Massachusetts General Hospital and Harvard University. His communication and leadership skills have served him well as Chief Operating Officer at Princess Margaret Hospital and Chair of both Cancer Care Ontario's clinical council and Cancer Quality Council of Ontario. Immediately prior to his appointment as Deputy Minister he served as President and Chief Executive officer of the University Health Network for nine years. The University Health Network is composed of four separate care centres and is seen as one of the most influential health networks in the world. There are massive changes underway in our health care system and this morning Dr. Bell is here to share his insights into what lies ahead in our world of health care regulation in the province. We are very appreciative that he has taken the time to speak with us personally. Please join me in warmly welcoming Dr. Bell.

(GENERAL APPLAUSE)

DR. BELL: Thank you so much and Irwin, thanks for the opportunity and the invitation and thanks for the conversation that preceded this. I have got to ask you a question. Is there a significance to whether people are sitting here or back there?

MR. FEFERGRAD: Yes.

DR. BELL: What is the significance, if I may? I'm just absolutely curious.

MR. FEFERGRAD: Council.

DR. BELL: Okay.

MR. FEFERGRAD: And behind them are the voters.

DR. BELL: Right. There you have it so Council, you are being observed. Anyway, thank you so much for the invitation. You know it is an interesting time in Ontario in the organization of health services and I thought probably the most useful thing for us to chat about his morning and what I thought is I would talk at you for about fifteen to twenty minutes and then look forward to your questions because I will probably learn more from your questions than you will learn from the talking at you part but I thought I would first of all talk about the organization of health system reform that is underway with the introduction of patients first legislation that Minister Hoskins introduced for first reading, passed first reading in the House, about ten days ago. Does everyone k now what I'm talking about when I mention patients first bill? So then I will just briefly describe that and then describe one of the challenges that we are facing together and that is the challenge of really sort of call it colloquially detoxifying Ontario. We recognize that we have got an enormous prescription drug abuse problem in Ontario and as an orthopedic surgeon I recognize that from the prescribing habits and I just want to briefly mention that and then finally close on our views about how our college system is working in Ontario and some of the thoughts that we have about what the future might look like. So that's a lot to talk about but I'm going to talk fast, a lot of words per minutes.

Patients first. We are responding to what we hear from Ontarians which is that the health care system in Ontario, more confidence than there was ten years ago. You remember ten years ago, front page of the paper every day, there were stories about people dying on cardiac surgery waiting lists, clostridia closing down hospital wings and our hospitals have done a tremendous job. Under volunteer governance, with the excellent Care For All Act, with better reporting of quality data our hospitals have improved pretty substantially. We have got the metrics that show improved performance. Not perfect. Capacity needs to be improved, overcrowded emergency departments still exist. There are capacity challenges in hospitals across the province but certainly performance; you see a lot of data on this, better than it was ten years ago but what Ontarians tell us is even though they are delighted to have family doctors that they didn't have ten years ago. Ten years ago about seventy percent of Ontarians had family doctors. Today the figure is closer to 95 percent. What people say is that we are

delighted to have a family physician but can't always see them when we want to see them. This is a very common complaint that we hear and frequently have to take my kid to the emergency department when they have got a fever because I can't get a hold of my family doctor. So that's one problem that Ontarians relate. The second problem, as we move towards a demographic that obviously has far more aging Ontarians present, as the need for home and community care starts increasing pretty dramatically, complexity of home and community services both for aging frail seniors and also crucially important home and community services around mental health and addictions. You know, my sixteen year old son is demonstrating some worrisome behavior so I went to my primary care provider. They didn't really have an answer as to where I could go. I found the services eventually myself but it was difficult to navigate. These are things we hear on telephone surveys that we do. We do about 25,000 telephone surveys a year of Ontarians as to their confidence in the health system. It is also what we hear from constituency offices which, as you know, constituency offices are a primary place that we pick up political information about government services. So our response to that is the Patients First Act. It has been in development and consultation with a variety of people. We brought out a discussion document in December. We have had consultations with 7,000 face to face consultations, written provision of responses from organizations. In a variety of ways we have heard from over 7,000 Ontarians about Patients First resulting in the introduction of legislation.

How does this impact you? Well, there are four areas that we are looking at improvements in the system. The first is to accept that in this complex system, especially in the retail part of the system; you know, people don't go in for heart surgery more than once or twice in their lives whereas their encounters with home and community care, their encounters with primary care, are really the retail exposure that people have to the health care system. Focusing on making that better integrated, more responsive to needs we have to have a single point of accountability that brings all these disparate services together in a way that can provide better care but more importantly better service at that retail level that people look to. Bringing that together under the single point of accountability of the LHIN is probably the most important thing in Patients First.

The second thing is to recognize that our local health integration networks, our LHIN's, are big entities. There are fourteen of them across the province. The central LHIN just north of Toronto goes from the 401 to Lake Simcoe, has 1.6 million people. That's too big to plan rational local service of health and in order to actually make services better organized and more coherent we are asking

LHIN's to subdivide service regions to about, in populations in rural Ontario to about, 40,000 people. The metropolitan areas up to about 250,000 people in central Hamilton. So LHIN sub regions where primary care, home and community care will be organized for populations of about 250,000 Ontarians, building on our organization of health links which have been present across the province doing good work for complex patients over the last four years, building on their geography to create these integrated service areas. So LHIN's responsible, LHIN's developing sub regions, the populations that I have mentioned, LHIN's becoming responsible for planning primary care. This would be an impact for you, the anticipation that primary care will be planned on a local level. Right now nobody is planning primary care. If a physician leaves a practice and just walks out because of illness or because they haven't planned succession nobody is really responsible for planning where those patients are going to be seen. So the concept of LHIN's will have an understanding with clinical leadership present locally to help them understand the service levels, help them understand who is doing what, of the 150 primary care providers in this neighbourhood who is doing what, who is at what age, who is accepting new patients, who is not, do we need more physicians, into what model. These questions currently aren't being asked and certainly aren't being answered. So thinking that the LHIN sub regions will plan this is the second important aspect.

The third important aspect is to understand that integration of services in home and community means that we have to stop really focusing on organization of home care as the predominant service. We have to spread this out and look at all services that seniors and others need in the home community. So we are eliminating the community care access centres, CCAC's. We are bringing all their employees to work in a broader aspect of care coordination across all of home and community not just a narrow slice of home care. We are looking at smoothing the way the people get into home care, providing less bureaucracy around how we estimate the amount of care and using a more prescriptive process in terms of analyzing patient needs in a standardized way to provide home care. So eliminating a substantial chunk of bureaucracy associated with home care and using the great people that work in that system, giving them more of a challenge to organize and navigate services across home and community, including mental health and addictions which are services that are particularly hard to navigate. So those are three changes.

The fourth change is the sense that we need to have a better response to equitable distribution of health care resources in our province. You know very well that the best indicator of how chronically ill a community is, is its income

level. Areas of the province that have lower income have a higher prevalence of chronic disease, diabetes, congestive heart failure, COPD, you name it, chronic dental problems I'm sure. The current system the lower the income of a district the higher the prevalence of chronic disease, the fewer health care resources are invested there and we need to flip that around. We need to have better anticipation and planning of population health resources. To do that we plan to have better integration of our population health experts in the public health departments that you are very well aware of through the children's dental programs, through Healthy Smiles. They have the analytic capacity. They have the epidemiologists to help us to a better job of population health understanding, understanding where the challenges are and responding to those.

So those four elements of change to our system are a pretty substantial change. They require quite a bit of legislative change, repeal of the Community Care Access Centre Act, changes to the Local Health System Integration Act and these were all brought together under the Patients First Act that Minister Hoskins introduced a couple of weeks ago. So we anticipate implementation of the changes anticipating passage of the legislation over the next year and that will be a major area of activity in the Ministry over the next year.

One of the elements that I want to mention next relates to how we prescribe opioids in this province because that is an issue. That will be one of the primary challenges of better primary care organization and integration in the sub LHIN model that we are describing, better understanding of how best practice is spread. Right now there is no real mechanism for spreading best practices, especially in primary care. You know when I was involved in cancer surgery we had a Cancer Clinical Council that established what's the right treatment for stage 3B colon cancer and insured, David has been involved with those processes, from the diagnostic perspective looking across the province how do we insure that everybody treats stage 3B colon cancer according to best practices. That does not exist at the present time in primary care. We are anticipating a Primary Care Council developing at Health Quality Ontario that will develop best practices and be responsible for adoption of best practices across primary care. One of the most important best practices that we will be looking at first is prescription of opioids and you know I know as an orthopedic surgeon when you look at the records of people who are addicted to opioids their first presentation that led to them becoming addicted to prescription drugs most frequently related to musculoskeletal pain, especially back and neck pain, frequently related to headache management and often related to dental causes of pain and the sense that we need to change the prescribing habits that CCBC led

in terms of its college for physicians leading new practice standards, new identification of appropriate morphine equivalents for initial management of pain. We also need to change our focused approach to management and to what I term highly prevalent poorly managed conditions and possibly one of the best ways I can describe that is current management of the province of back pain where very few physicians in the province know how to manage back pain at the primary care level. People wait for months to get an unnecessary MRI. They wait for further months to get an unnecessary visit to a neurosurgeon who tells them no surgery needed for your chronic back pain. By that time 20 percent of those patients, according to some data that I have seen recently, are addicted to opioids while they are waiting for those two steps, unnecessary steps, to occur and we know that there are better management protocols for chronic back pain. I'm focusing on this because I understand them but I don't understand the management of chronic dental pain but I'm sure occasionally a similar kind of course ensues. So when we are thinking about management of opioid dependency and prescription drug abuse, and we will be talking a lot about this I'm sure with your College, it starts off with better protocols for managing acute and chronic pain. It starts off with better understanding of prescribing habits for opioids, recognition of the risk that every opioid prescription entails. I mean very few us and I've handed out a lot of prescriptions for opioids in my time. Rarely have I done a dependency assessment of the patient who I'm providing an opioid prescription for. In doing that the standardized model shows that 20 percent of the people getting their first prescription of even codeine or OxyContin are at big risk with that first prescription of becoming addicted. So we need to do a better job of understanding that. As regulators we need to do a better job of understanding prescribing habits and you will be seeing something coming out about that in the near term from Minister Hoskins.

So the third thing I want to talk about and then I will stop talking at you and invite your questions relates to our college systems and obviously I'm a real believer in self-regulation, no question. The sense that only an orthopedic surgeon can understand what is appropriate practice within the profession of orthopedic surgery I get that and I'm sure the exact same principles apply to your professions. You know at the same time I fear that protection of self – not protection of self, protection of public interest. That was not a Freudian slip but it sure sounded like one didn't it? Protection of the public interest. You know with our 26 colleges that we get there because we were so intent on protecting the public interest or did we get the 26 colleges in Ontario because we were interested in carving out areas of protected practice. We were eager to put the stakes around the turf that we tread on. I think that's a question that we have to

ask. I think I would do nothing but congratulate your College for the approach that you have taken through transparency and to working with our Ministry in terms of understanding how the need for transparency especially with respect to discipline and with respect to appropriate practice has evolved over the last five years. You have been leaders in that and I thank especially your leadership and I thank all of you for insuring that we are going in that direction. That's not necessarily the case across all our 26 colleges.

The other thing for the future and now I'm putting questions out there. I'm not saying directional, providing directional advice. You know, Allison is here today. You know, our team led by Denise Cole is responsible for understanding that all our 26 colleges are serving the public interest. Can we say that currently? Do we know enough about what is happening? It's hard. I will be absolutely straight forward. It is hard to know that. So I think we have some challenges. I think we have some challenges in self-regulation in the College system in Ontario. I think we have some challenges that have caught the public interest around sexual abuse of patients certainly and we will be talking a bit about that. You will see some more information coming out about that. Marilou McPhedran's report will serve as the basis for our renewed interest and renewed regulation around sexual abuse of patients. Also thinking through the process of discipline and investigation, can we make it more streamlined, can we make use of alternate dispute resolution mechanisms to look at things, can we look at modernizing the system of investigation and response to patient complaints. So I think we are going to keep your staff, your leadership busy over the next few years. Again I congratulate your leaders for your thoughtful leadership and response to the future challenges of self-regulation and we are really looking forward to working with you in managing some of these issues. Thank you for the opportunity to come and chat and I would be delighted to answer any questions that you might have in response to any of these three topics. Thank you very much.

MR. MILLAR: Thank you very much, Dr. Bell. Are there any questions for Dr. Bell? Yes, Dr. MacSween.

DR. MACSWEEN: Thank you very much. The talk was just terrific and edifying and I was particularly struck by your discussion on best practices and I'm going to – I was very fortunate about a month ago to go to a lecture on stewardship of antibiotic use and while I hear your concerns around opioid misuse and prescription habits and the urgency around that I would have hazard a guess that our concerns around antibiotic misuse is also a fairly significant issue for the

health care of Ontarians into the future. So is there any initiative or any consideration that this would be something that you would be looking at a best practice scenario in terms of changing prescribing habits?

DR. BELL: Yes, that's a great question. In fact, my old job we had a combined ICU system with Mount Sinai Hospital across the University Health Network hospitals and we recognized about seven or eight years ago the issue that we had both in cost and in antibiotic resistance developing in our intensive care units and there was a terrific project of practice change that started there and is actually reflected. Can you tell me who was providing that antibiotic stewardship lecture that you were at? Do you remember?

DR. MACSWEEN: There was three people. Dr. Susan Sutherland who is head of dentistry at the Sunnybrook. There was an epidemiologist. I can't remember the other two's names unfortunately. One from Vancouver where they have the no bugs program and another fellow from Thunder Bay I believe. Anyways, yes.

DR. BELL: Different folks than I was thinking might have been there but so I utterly agree with you that best practice in the initial management of so many conditions. I mean antibiotic stewardship goes to the use of complex expensive medications for managing sepsis in the intensive care unit, when do we use them, these last hope kinds of drugs. When do we use them, when do we expose resistant bacteria to the next generation but probably even more importantly the management of upper respiratory infection in primary care offices currently. So there are a number of different best practices that need to be addressed and this issue of patients first best practice promulgation from a primary care council is based on a number of these different things. We are probably going to start off with prescription drug abuse around opioids I would guess. That work is going on now. Also for conditions that are prevalent and poorly managed so one of them is wound care. There are about 4,000 different wound care protocols operative in Ontario and probably there should be two or three. That involves both physicians, home and community care providers. So we really have some best practice work and opportunity across the entire system and you are absolutely right, antibiotic use is a good example.

MR. MILLAR: Anyone else? Yes, Mr. Callaghan.

MR. CALLAGHAN:Thank you very much, Mr. Chair. Dr. Bell, thank you very much for coming today and delivering this positive message and you know I really listened to you describing the future opportunities for the College to be

involved in positive change in the health care in this province and as a Council Member I can say that not only am I proud of Council in its ability to make the right decisions and powerful decisions related to adapting to change and to instituting change but also you know watching College professionals here participating in this and the time that they put in for Irwin to accomplish the objectives that you are trying to achieve and we agree with these changes and you know just as an ordinary citizen of the province who goes every year and votes and all the rest of it I think that it is long overdue that we see substantive change in the health care in this province because it is just consuming essentially half the budget of the Province of Ontario and you know I appreciate the work you are doing on it and I don't envy your job. I know the time consumption and you know how busy these people are. As a former politician I understand how hard people in government work that are committed to making change so I really credit you for taking the time to come here today at the invitation of Irwin. I think that's how it was arranged but as a taxpayer there is one question that I want to ask and it is related to walk-in clinics and I would like to know what your opinion is. Now I am not going to give you my opinion but --
DR. BELL: You're waiting to hear mine first, yes. There may be a supplementary coming.

MR. CALLAGHAN:I'm really interested in knowing what your opinions are on walk-in clinics.

DR. BELL: Yes, okay. That's a great question. So thanks for your initial comments. I've got the best job in the world. This year in July I will celebrate 40th anniversary of my medical license practicing as a proud member of the OMA in the Province of Ontario and this is the best opportunity imaginable to make change happen and I've got my feet on the desk most of the day because great people like Allison Henry are out there telling us what to do. We have got great people as you have recognized. Walk-in clinics. I don't think the taxpayers of Ontario should pay twice for services and 70 percent of Ontarians are. You know their care is managed in what we call a capitated model so it is not a transactional where you go to your primary provider and he bills for the service that you are there for, checking your blood pressure, testing whether you have diabetes. 70 percent of the care in primary care, actually 72 or 3 percent, is managed by what we call comprehensive care compensation models where a physician has an average number of about 1,300 patients and we pay a lump sum for those routine elements of care. You know if there are aspects of the physician then goes and works a shift in the emergency department, bills fee for service. If she delivers a baby in addition to providing comprehensive care bills

for that service. So it is an interesting point now because we are talking about service. I've got six kids. I've got seven grandchildren. One of them gets sick they call their primary care provider and the office is closed or the appointment would be offered for ten days from now. They will go to a walk-in clinic, take one of my grandkids to a walk-in clinic for looking at an ear infection. Well, the taxpayer of Ontario just paid twice, paid for comprehensive care, paid for subsequent routine care for my granddaughter in a walk-in clinic. Now there is something called negation where if a primary care provider working with 1,200 patients, their patients go to walk-in clinics a lot, they will lose money but it is not a one to one nor is it good care. Going to a walk-in clinic with no follow up by a similar doctor so my daughter's ear infection gets seen. They say go back and see your primary care doctor. The primary care doctor doesn't know what the ear looked like ten days ago. So it is problematic. That's not what we think of as good care nor does the Ontario College of Family Medicine, family physicians, think that's good care. We need to change that. We need to have a more integrated system that is available. About 50 percent of the primary care providers in this province commit to seeing their sick patients within 36 hours when they are sick. They have blank spots in their schedules that see sick patients. They don't work any harder than the other 50 percent but their practice is organized towards comprehensive care including the sick person. 50 percent don't. So we have got to think about that and we have to think about what the appropriate role of the walk-ins is. Now the other thing that is starting to spring up is telemedicine so you not only can go and see a doctor at a walk-in clinic but you can also go on some semi-secure skype sight or even a secure Ontario Telemedicine sight and see a physician, get advice without even seeing the doctor in person and there is not only a bill submitted for that but there is a premium submitted for that. So you know as we get to a situation where we have sufficiency of primary care resources in the province between nurse practitioner led clinics and the fact that we will have 900 net new doctors, 900 net new, accounting for retirements, people leaving the province, account for all that, 900 net new. That's a three percent increase in the numbers of physicians practicing in Ontario in 15/16, 16/17, 17/18 and perhaps even more beyond that. We have got a lot of people that we trained to enter the workforce in Ontario. We have to start being very careful that we are not paying twice but we are responsive to the kinds of services and the way that people want services today and let's face it, you don't want to wait two weeks for anything today. If it is not available to you now you are not happy and we have to think through how that happens.

MR. MILLAR: Thank you very much. I think that the Registrar would like to now thank Dr. Bell.

MR. FEFERGRAD: Bob, thank you so much for coming. When I called you and said can you come and speak to our Council you said sure. Then of course he told me the time and I had no choice and said of course, no problem. As you know, this is a College that has been focused on one mandate only and that is the public's interest and as you know from our communications with you this Council and this College has been delivering. There is only one thing that you said that I have to take issue with. You said you have the best job. Actually I think I have the best job because working for the dentists of Ontario, looking at the public's interest, seeing a Council that has a combination of public members that you appoint, people that members send here to do the work of the legislation and university appointments it is just wonderful to see the uniform focus on the public's interest. I know that you are a physician. Of course everyone knows you are a physician and a very prominent one but I also wanted to make you a real doctor and I have few powers as a Registrar but one is I can actually give you a certificate to practice dentistry which of course would be limited.

DR. BELL: Very limited.

MR. FEFERGRAD: Very limited to practice on nobody but I did want to offer to you a College pin.

DR. BELL: Isn't that nice.

MR. FEFERGRAD: And now you can have a double doctor designation. Thank you so much, Bob.

DR. BELL: Thank you so much, Irwin. Thank you for your leadership. Thank you very much. Thank you for the opportunity.

Royal College of
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6 Crescent Road, 3rd Floor
Toronto, ON Canada M4W 1T1
T: 416.961.6555 F: 416.961.5814
Toll Free: 800.565.4591 www.rcdso.org

June 3, 2016

Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister:

**Re: Authorization for Oral and Maxillofacial Surgeons to Order MRIs with Scope of Practice**

On behalf of the Royal College of Dental Surgeons of Ontario, the regulator of the dental profession in the public interest, I am writing to indicate our support of the request from oral and maxillofacial surgeons for a regulation amendment under the *Regulated Health Professions Act* to allow them to order magnetic resonance imaging (MRI) as part of their current scope of practice.

The College's support is given with the understanding that: there is no change in the scope of practice of oral and maxillofacial surgeons, they would not be administering MRIs, and there would be no request for or expectation of remuneration by oral and maxillofacial surgeons for ordering or interpreting MRIs.

Currently in Ontario only oral and maxillofacial surgeons with hospital privileges may order MRIs under some form of delegation from a physician. No oral and maxillofacial surgeons can order MRIs outside of hospitals. We understand from the Ontario Society of Oral and Maxillofacial Surgeons (OSOMS) that Ontario and Newfoundland & Labrador are the only provinces where oral and maxillofacial surgeons are not authorized to order MRIs, regardless of the practice venue.

The need for an oral and maxillofacial surgeon to provide care through a physician frustrates and/or delays accurate, timely and effective diagnosis and treatment and inconveniences patients.

In the interest of public safety and protection, the College is prepared to develop a Standard of Practice for the ordering of MRIs by oral and maxillofacial surgeons to provide the appropriate guidance to support this change.

The College would be pleased to discuss this matter with you and your officials as you consider the formal request that you have received from OSOMS for this regulation amendment to be made.

Yours truly,

Irwin W. Fefergrad, CS, BA, BCL, LLB
Registrar
*(Certified as a Specialist by the Law Society of Upper Canada in Civil Litigation and in Health Law)*
(Direct line: 416-934-5625)

c.: Dr. Marco Caminiti, President, OSOMS

AMS:648862

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6 Crescent Road, Toronto, ON Canada M4W 1T1
T: 416.961.6555 F: 416.961.5814 Toll Free: 1.800.565.4591 www.rcdso.org



# ELECTION SELF-NOMINATION & ELIGIBILITY FORM

I, _____, submit my name as a candidate for the term commencing in January 2017 for RCDSO Council in District _____.

**Preferred Mailing Address for Election Purposes:**

Business Phone #: _____

Residence Phone #: _____

Mobile Phone #: _____

Fax #: _____

Street: _____

_____

Province: _____ Postal Code: _____

Email: _____

| ELIGIBILITY QUESTIONNAIRE: | YES | NO |
|---|---|---|
| 1. Do you hold a general or specialty certificate of registration with the College? | ☐ | ☐ |
| 2. Are you engaged in the practice of dentistry in the electoral district in which you wish to stand for election, or, if you are not engaged in the practice of dentistry, are you a resident in that electoral district? **See Guide** | ☐ | ☐ |
| 3. Are you in default of any fees, or otherwise owe any money to the College? | ☐ | ☐ |
| 4. Are you in default of completing and returning any form prescribed by the Regulations or required by the by-laws of the College? | ☐ | ☐ |
| 5. Are you the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction? **See Guide** | ☐ | ☐ |
| 6. Is your certificate of registration subject to a term, condition or limitation other than one applicable to all members holding that class of certificate? **See Guide** | ☐ | ☐ |

| ELIGIBILITY QUESTIONNAIRE: | YES | NO |
|---|---|---|
| 7. Do you currently have a notation on the College's (public) register that you are the subject of a caution or required to complate a specified continuing education or remediation program based on a decision of the Inquiries Complaints and Reports Committee? **See Guide** | ☐ | ☐ |
| 8.(a) Have you previously been the subject of an Order of a panel of the Discipline Committee or the Fitness to Practice Committee or any similar order made in any other jurisdiction in relation to a profession? **See Guide** | ☐ | ☐ |
| 8.(b) If you answered "yes" to question 8(a) above, what was the date of the Order(s)? **See Guide**<br>DATE: _____ | | |
| 9.(a) Have you previously been found guilty of an offence under the Criminal Code of Canada or any other criminal offence in any jurisdiction? | ☐ | ☐ |
| 9.(b) If you answered "yes" to question 9(a), please attach a letter describing the particulars of the finding including the specifics of the offence, the date of and the court where the finding was made, the penalty imposed if any and the date on which the court imposed the penalty. **See Guide** | | |
| 10.(a) Have you previously been disqualified by the Council from serving as a member of the Council or as a member of a committee of Council? | ☐ | ☐ |
| 10.(b) If you answered "yes" to question 10(a) above, when were you disqualified?<br>DATE: _____ | | |
| 11.(a) Will you be as of **October 28, 2016** (eligibility date) or have you been during the previous two years,<br>I. a director or other member of the board of directors, governing council or other governing body of;<br>II. an officer of; or<br>III. the Executive Director, Chief Administrative Officer or other appointed official of<br>the Canadian Dental Association, Ontario Dental Association, a national or provincial dental specialty association or organization or other like national or provincial association or organization? | ☐ | ☐ |
| 11.(b) If you answered "yes" to question 11(a) above, please attach a letter describing the particulars. Please note that this detailed information may be reviewed by the Elections Committee to determine your eligibility. **See Guide** | | |
| 12.(a) Were you elected to Council in four consecutive elections (including any by-election)? **See Guide** | ☐ | ☐ |

| ELIGIBILITY QUESTIONNAIRE: | YES | NO |
|---|---|---|
| 12.(b) If you answered "yes" to question 12(a) above, when were you last elected to be a member of Council? **See Guide**<br>DATE: _____ | | |
| 13.(a) Have you previously been employed by the College as a salaried employee? **See Guide** | ☐ | ☐ |
| 13.(b) If you answered "yes" to question 13(a), when were you last employed by the College as a salaried employee? **See Guide**<br>DATE: _____ | | |
| 14. Have you attached to this Election Self-Nomination & Eligibility Form a signed and dated Declaration form for persons wishing to be a Member of Council? **See Guide** | ☐ | ☐ |

I confirm that the information contained in this Election Self-Nomination & Eligibility Form for letting my name stand as a candidate for the upcoming RCDSO Council Elections is complete and accurate as at the date this application is signed.

_____
Name of Candidate (please print full name)

_____
Signature of Candidate

_____
Date

05/16_4229

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**Selection of Members to RCDSO Council**

# UNIVERSITY SELECTION & ELIGIBILITY FORM

I, _____ , had my name put forward for selection to the RCDSO Council by the

(name of academic institute) _____ .

**Preferred Mailing Address for this purpose:**

Business Phone #: _____

Residence Phone #: _____

Mobile Phone #: _____

Fax #: _____

Street: _____

_____

Province: _____ Postal Code: _____

Email: _____

| ELIGIBILITY QUESTIONNAIRE | YES | NO |
|---|---|---|
| 1. Do you hold a certificate of registration with the College? | ☐ | ☐ |
| 2. Do you hold a full-time appointment of professorial rank in a faculty or school of dentistry in Ontario? | ☐ | ☐ |
| 3. Are you in default of any fees, or otherwise owe any money to the College? | ☐ | ☐ |
| 4. Are you in default of completing and returning any form prescribed by the Regulations or required by the by-laws of the College? | ☐ | ☐ |
| 5. Are you the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction? **See Guide** | ☐ | ☐ |
| 6. Is your certificate of registration subject to a term, condition or limitation other than one applicable to all members holding that class of certificate? **See Guide** | ☐ | ☐ |
| 7. Do you currently have a notation on the College's (public) register that you are the subject of a caution or required to complete a specified continuing education or remediation program based on a decision of the Inquiries Complaints and Reports Committee? **See Guide** | ☐ | ☐ |
| 8(a) Have you previously been the subject of an Order of a panel of the Discipline Committee or the Fitness to Practise Committee or any similar order made in any other jurisdiction in relation to a profession? **See Guide** | ☐ | ☐ |
| 8(b) If you answered "yes" to question 8(a) above, what was the date of the Order(s)? **See Guide** DATE: _____ | | |

| ELIGIBILITY QUESTIONNAIRE | YES | NO |
|---|---|---|
| 9(a) Have you previously been found guilty of an offence under the Criminal Code of Canada or any other criminal offence in any jurisdiction? | ☐ | ☐ |
| 9(b) If you answered "yes" to question 9(a), please attach a letter describing the particulars of the finding including the specifics of the offence, the date of and the court where the finding was made, the penalty imposed if any and the date on which the court imposed the penalty. **See Guide** | | |
| 10(a) Have you previously been disqualified by the Council from serving as a member of the Council or as a member of a committee of Council? | ☐ | ☐ |
| 10(b) If you answered "yes" to question 10(a) above, when were you disqualified? DATE: _____ | | |
| 11(a) Will you be as of _____ (SELECTION DATE) or have you been during the previous two years,<br>I. a director or other member of the board of directors, governing council or other governing body of;<br>II. officer of; or<br>III. Executive Director, Chief Administrative Officer or other appointed official of<br>the Canadian Dental Association, Ontario Dental Association, a national or provincial dental specialty association or organization or other like national or provincial association or organization? | ☐ | ☐ |
| 11(b) If you answered "yes" to question 11(a) above, please attach a letter describing the particulars. Please note that this detailed information may be reviewed by the Elections Committee to determine your eligibility. **See Guide** | | |
| 12(a) Are you currently or have you previously been a selected member of Council? **See Guide** | ☐ | ☐ |
| 12(b) If you answered "yes" to question 12(a) above, when were you last selected to serve as a selected Council member? **See Guide** DATE: _____ | | |
| 13(a) Have you previously been employed by the College as a salaried employee? **See Guide** | ☐ | ☐ |
| 13(b) If you answered "yes" to question 13(a), when were you last employed by the College as a salaried employee? **See Guide** DATE: _____ | | |
| 14. Have you attached to this University Selection and Eligibility form a signed and dated Declaration form for Candidates Seeking Election or Selection to Council of the College? | ☐ | ☐ |

I confirm that the information contained in this University Selection & Eligibility Form is complete and accurate as at the date this form is signed.

Name of Candidate (please print full name) _____

Name of Representative University _____

Signature of Candidate _____

Date _____

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T: 416.961.6555 F: 416.961.5814 Toll Free: 1.800.565.4591 www.rcdso.org

# Declaration for Candidates Seeking Election or Selection to Council of the College

I, _____, hereby acknowledge and agree that should
FULL NAME
I become a member of the Council of the Royal College of Dental Surgeons of Ontario:

- I will be obliged to read and familiarize myself with the College's by-laws and governance policies in order to perform my duties as a member of Council.

- I will be obliged to advance the College's objects in a manner that serves and protects the public interest acting honestly and in good faith and putting the interests of the College ahead of any personal or other interest.

- I will be obliged to avoid situations which involve any actual or perceived conflict of interest or bias.

- I will be bound to and adhere to the Code of Conduct of Council members, which is set out in the College's by-laws.

- I will be bound to adhere to and respect the *Regulated Health Professions Act, 1991*, the *Dentistry Act, 1991* and the regulations passed under both Acts.

- I am aware that there are confidentiality obligations imposed upon members of Council by the *Regulated Health Professions Act, 1991* including those set out in section 36 and section 40 of that Act (attached). I will read and familiarize myself with those confidentiality provisions before commencing to serve as a member of Council.

- I will be bound to adhere to, support and respect the decisions of Council and the by-laws and policies of the College including, without limitation, the following policies*:

    1. College Policy re: Mission Statement, Core Purpose, Core Values and Core Goals[1];
    2. College Policy re: "Guidelines" for Candidates Seeking Election to Council[2];
    3. College Policy re: "Election Self-Nomination and Eligibility Form or Application and Eligibility Form for Non-Council Committee Appointments[3]
    4. College Policy re: Operational Policy of the Nominating Committee #1 – Timing of the Meeting of the Nominating Committee[4];
    5. College Policy re: Operational Policy of the Nominating Committee #2 – Appointment of Committee Chairs[5];
    6. College Policy re: Operational Policy of the Nominating Committee #3 – Appointment of Committee Members[6];
    7. College Policy re: Media Relations – General Policy;
    8. College Policy re: Email Blast Policy for Council Members (revised)[7];
    9. College Policy re: Moratorium on Email Blasts in Election Year (revised)[8];

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[1] Passed by Council June/08
[2] Passed by Council Nov/09
[3] Passed by Council Oct/11
[4] Passed by Council Mar/10
[5] Passed by Council Mar/10
[6] Passed by Council Mar/10
[7] Passed by Council May/13
[8] Passed by Council June/12
[9] Passed by Council Oct/11
[10] Passed by Council Nov/03
[11] Passed by Council Mar/04
[12] Passed by Council June/12
[13] Passed by Council June/14
[14] Passed by Council May/15
[15] Passed by Council May/15
[16] Passed by Council Nov/15
[17] Passed by Council Nov/15

10. College Policy re: Interaction of Councillors and Committee Members with Staff[9];
11. College Policy re: Committee Reports[10];
12. College Policy re: Regarding Releasing Members' Contact Information or Mailing Labels to Third Parties Upon Request[11];
13. College Policy re: Attendance at International Conference for Council Members[12];
14. College Policy re: Workplace Violence and Harassment;
15. College Policy re: Electronic Technology;
16. College Policy re: Workplace Social Media;
17. College Policy re: Human Rights;
18. College Policy re: Interactions between Members of Council/Non-Council Committee Members (Anti-Harassment Policy)[13]
19. College Policy re: Reimbursement of Expenses of Members of Council and its Committees and Working Groups[14]
20. College Policy re: Making Council Meeting Materials Accessible on the College's Website[15]
21. College Policy re: Distribution and Retrieval of College Issued Electronic Devices for Council Members[16]
22. College Policy re: Accessibility and Accommodation: Professional Conduct and Regulatory Affairs Procedures[17]

- To the extent that a policy is not specifically applicable to me, I will act in a manner consistent with the policy.

- I understand that as a member of Council I may receive information which is not available to the public, but rather, confidential to Council. In those circumstances I shall maintain strict confidentiality with regard to the information unless and until the information is made available to the public by the College or permitted to be disclosed by a decision of Council or its Executive Committee or by Court order.

I hereby agree that this acknowledgment and agreement shall remain in effect until my term as a member of Council expires but that this agreement and my obligations with respect to confidentiality continue indefinitely.

| | |
|---|---|
| Print Name | Date |
| Signature | Electoral District |

*College by-laws and policies are available on the College's website at **www.rcdso.org**.